

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 532

Place of Birth Tucson County Pima No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number in order of birth
male			

DATE OF BIRTH* Mar 8 1925
(Month) (Day) (Year)

FULL NAME William Harrison Bryant
FATHER

FULL MAIDEN NAME Mayche Peggy Bryant
MOTHER

I HEREBY CERTIFY that the child described herein has been named

John Harland Bryant
(Give name in full) (Surname)

Sammy L. Stahl
(Parent Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M 11-41 A.P.

123-306-472

